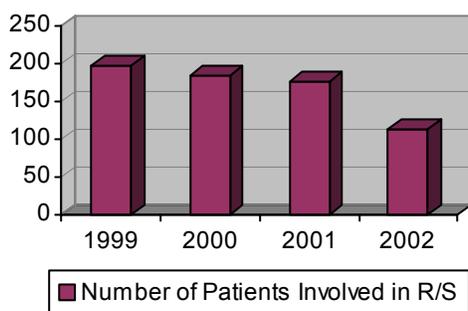


Restraint and Seclusion Initiative

Restraint and seclusion are emergency treatment interventions that aim to protect patients in danger of harming themselves or others and to enable patients to continue treatment successfully and effectively.

Treatment programs at Connecticut Valley Hospital (CVH) exemplify one of the Department of Mental Health and Addiction Services overriding goals of providing quality-driven, recovery oriented treatment to each person we serve. CVH began efforts over five years ago to transform its culture to reflect a stronger recovery orientation that values individual patient preferences for personal safety. Staff are trained in understanding the impact of trauma and the positive therapeutic value of de-escalation techniques to avoid need for restraint and seclusion (R/S). The result has been a dramatic reduction in use of R/S at CVH.

Decline in Use of R/S at CVH



CVH Mean Monthly R/S Usage by Type



Reflecting this downward trend, a patient at CVH recently commented:

I used to go in (restraints) all the time. Now, I hardly do, but when I have to, it's not a big deal anymore. Things have changed. I'm in...I calm down...and I'm out.

Denotes 1% of total patient hours/month

Some intervention strategies used to reduce time in R/S or eliminate need for R/S:

- A cadre of "De-escalation Specialists" was developed whose clinical role is to promulgate strategic early interventions with patients in crisis in an attempt to avoid the need for R/S.
- Patients voice their wishes for crisis intervention by use of "Patient Personal Safety Preferences" form.
- Every patient in R/S is evaluated continuously for readiness of release.
- Unit and division leadership reviews all episodes of R/S daily.
- Increased use of Constant and 1-1 Observation has reduced the need for R/S.

Physicians and nurses collaborate to determine how a person could be released from R/S.

Many units at Connecticut Valley Hospital are restraint and seclusion-free. Those that use restraint and seclusion have minimal hours and continually aspire to becoming R/S free. While we continue to work toward this goal, and reducing the harmful and traumatic effects of restraint and seclusion, our efforts thus far have been successful in helping patients and staff form a productive partnership that facilitates the process of recovery with dignity. For more information, contact Michael.Niman@po.state.ct.us.

(Previous issues at <http://www.dmhas.state.ct.us/infobriefs/index.htm>.)